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jc977 U.S. PTO

Please type a plus sign (+) inside this box ☐Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>	Attorney Docket No.	TI-29518
	First Named Inventor	GAMBOA, R.
	Title	SEMICONDUCTOR TEST SOCKET HAVING POGO-PIN CONTACTS
	Express Mail Label No.	EL651154325US

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
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1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 3. <input checked="" type="checkbox"/> Specification (Total Pages <input type="text" value="18"/> <i>(preferred arrangement set forth below)</i> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) (Total Sheets <input type="text" value="5"/> 5. Oath or Declaration (Total Pages <input type="text" value="1"/> a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/division with Box 17 completed)</i> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(h). 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> a. <input type="checkbox"/> Computer Readable Form (CRF) b. <i>Specification Sequence Listing on:</i> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies
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ACCOMPANYING APPLICATIONS PARTS

- | | |
|--|---|
| 9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) | |
| 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement
<i>(when there is an assignee)</i> | <input checked="" type="checkbox"/> Power of Attorney |
| 11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> | |
| 12. <input type="checkbox"/> Information Disclosure
Statement (IDS)/PTO-1449 | <input type="checkbox"/> Copies of IDS
Citations |
| 13. <input type="checkbox"/> Preliminary Amendment | |
| 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)
<i>(Should be specifically itemized)</i> | |
| 15. <input type="checkbox"/> Certified Copy of Priority Document(s)
<i>(if foreign priority is claimed)</i> | |
| 16. <input type="checkbox"/> Other: | |

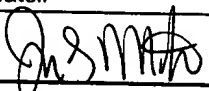
17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: _____
 Prior application information: Examiner _____ Group / Art Unit: _____
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label _____ or ☐ Correspondence address below

Name	J. Dennis Moore, Texas Instruments Incorporated				
Address	P.O. Box 655474, M/S 39999				
City	Dallas	State	Texas	Zip Code	75265
Country	US	Telephone	(972) 917-5646	Fax	(972) 917-4418

Name (Print/Type)	Ira S. Matsil	Registration No. (Attorney/Agent)	35,272
Signature		Date	12/20/00

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09/23/00
00/02/21

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PTO/SB/17 (11-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

Complete if Known

Application Number	TBD
Filing Date	Herewith
First Named Inventor	Gamboia
Examiner Name	TBD
Group Art Unit	TBD
Attorney Docket No.	TI-29518

TOTAL AMOUNT OF PAYMENT (\$ 786.00

METHOD OF PAYMENT

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number **20-0668**

Deposit Account Name **Texas Instruments Incorporated**

☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 ☐ Applicant claims small entity status. See 37 CFR 1.27

2. ☐ Payment Enclosed

☐ Check ☐ Credit Card ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
101	710	201	355			Utility filing fee	710.00
106	320	206	160			Design filing fee	
107	490	207	245			Plant filing fee	
108	710	208	355			Reissue filing fee	
114	150	214	75			Provisional filing fee	
SUBTOTAL (1) (\$ 710.00							

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
22	2	18	36.00
Independent Claims	3	0	0
Multiple Dependent			

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	80	202	40	Independent claims in excess of 3
104	270	204	135	Multiple dependent claim, if not paid
109	80	209	40	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 36.00

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
105	130	205	65			Surcharge - late filing fee or oath	
127	50	227	25			Surcharge - late provisional filing fee or cover sheet.	
139	130	139	130			Non-English specification	
147	2,520	147	2,520			For filing a request for <i>ex parte</i> reexamination	
112	920*	112	920*			Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*			Requesting publication of SIR after Examiner action	
115	110	215	55			Extension for reply within first month	
116	390	216	195			Extension for reply within second month	
117	890	217	445			Extension for reply within third month	
118	1,390	218	695			Extension for reply within fourth month	
128	1,890	228	945			Extension for reply within fifth month	
119	310	219	155			Notice of Appeal	
120	310	220	155			Filing a brief in support of an appeal	
121	270	221	135			Request for oral hearing	
138	1,510	138	1,510			Petition to institute a public use proceeding	
140	110	240	55			Petition to revive - unavoidable	
141	1,240	241	620			Petition to revive - unintentional	
142	1,240	242	620			Utility issue fee (or reissue)	
143	440	243	220			Design issue fee	
144	600	244	300			Plant issue fee	
122	130	122	130			Petitions to the Commissioner	
123	50	123	50			Petitions related to provisional applications	
126	240	126	240			Submission of Information Disclosure Stmt	
581	40	581	40			Recording each patent assignment per property (times number of properties)	40.00
146	710	246	355			Filing a submission after final rejection (37 CFR 1.129(a))	
149	710	249	355			For each additional invention to be examined (37CFR 1.129(b))	
179	710	279	355			Request for Continued Examination (RCE)	
169	900	169	900			Request for expedited examination of a design application	
Other fee (specify)							
*Reduced by Basic Filing Fee Paid							
SUBTOTAL (3) (\$ 40.00							

SUBMITTED BY

Name (print/type)	Ira S. Matsil	Registration No. (Attorney/Agent)	35,272	Telephone	(972) 401-9786
Signature	<i>Ira S. Matsil</i>	Date	12/20/00		

Complete (if applicable)

JC715 U.S. PTO
09/735668
12/20/00

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: GAMBOA, R.

Art Unit: TBD

Serial No.: TBD

Examiner: TBD

Filed: December 20, 2000

Docket: TI-29518

For: **SEMICONDUCTOR TEST SOCKET HAVING POGO-PIN CONTACTS**

Certificate of Mailing via Express Mail

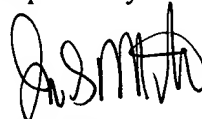
EXPRESS MAIL mailing label number: **EL651154325US**

Date of Deposit: December 20, 2000

I hereby certify that the following documents, which are enclosed, are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to: BOX: Patent Application, Assistant Commissioner for Patents, Washington, DC 20231:

- Utility Patent Application Transmittal (1 page)
- Complete Copy of Patent Application (23 pages), to include:
 - Specification (18 pages)
 - Drawings (5 pages)
- Declaration and Power of Attorney (1 page)
- Assignment Recordation Form Cover Sheet (1 page)
- Assignment (1 page)
- Fee Transmittal: Original and 1 Duplicate (2 pages)
- Return Postcard (2 cards)

Respectfully submitted,



Ira S. Matsil

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